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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/528,969			ing Date 03/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			NUMBER FI	.ED NL	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A]	N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A]	N/A	
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A		N/A		N/A]	N/A	
TO (37	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sh	eets of pap \$250 (\$125 ditional 50	ngs exceed 100 on size fee due) for each on thereof. See * CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	08/10/2009	CLAIMS REMAINING AFTER AMENDMEN	т	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	• 13	Minus	~ 66	= 0]	x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	 6	= 0]	x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	••		1	x \$ =		OR	x s =	
Σ	Independent (37 CFR 1.16(h))	*	Minus	**]	x \$ =		OR	x \$ =	
Ē	Application Size Fee (37 CFR 1.16(s))					Į			1		
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
TO AN									OR	TOTAL ADD'L FEE	
"If the entry in column 1 is less than the entry in column 2, write "o'in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 20, enter "20". "MARQUETTA MCGEE! "MARQUETTA											

This collection of information is sequent by 37 CFR. 1.6. The information is required to obtain or notion in somethy by the public which is it is fill under by the USFTO to process) an application. Confidentiality is governed by \$3 U.S. C. 122 and 37 CFR. 1.4. It has incident in setamated to the bet 2 reminster to complete application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segeosteris for reducing this burdon, should be sent to the Child information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Abscandina, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Platents, P.O. Box 1450, Abscandina, VA 22313-1450.